

## FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM

TOURNAMENT	TEAM NAME	TEAM NAME			
DATE(S)	DIVISION OF	DIVISION OF PLAY			
REGION	NATIONAL FE	NATIONAL FEDERATION			
	ALL	Juniors Only	Juniors Only	Canadian Participant	
Roster (Last Name, First Name) Includes Players, Coaches and Support Staff	Registration Form	Medical Release	Proof of Age	Proof of Insurance	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Additional team members may be listed on page 2.					
<ol> <li>All persons listed on the roster must provide each         <ul> <li>Foreign Participant Registration Form (all sig</li> </ul> </li> <li>All Juniors listed on the roster must also provide the Consent for Medical Treatment and Release Proof of Age</li> <li>Canadian teams must provide (e) proof of 24 hour to qualify for the insurance fee waiver.</li> <li>Tournament Director shall send originals of all form payable to USA Volleyball (\$100 per team).</li> <li>Copies of all documentation should be retained by</li> </ol>	of the following forms: natures are required) ne following items: medical insurance cove as and the insurance fee(	erage while i	n the United S tional Office.	itates in order Make checks	
Tournament Director Signature	ine i oreigir ream and t		ieni Directoria ite	cegion.	
National Office – Date received			ate		

2018-2019 Season 1 | P a g e Revised 8/30/2018



## FOREIGN TEAM TOURNAMENT REGISTRATION SUMMARY FORM

	DIVISION OF PLAY		
	NATIONAL FEDERATION AF	FFILIATION	
Additional tournamer	ts and additions to the roster (afte	r participation in the first tournam	 lent) should be listed below.
TOURNAMENT			
DATE(S)			
TOURNAMENT			
DATE(S)		PECION	
TOURNAMENT			
DATE(S)			
TOURNAMENT			
DATE(S)		REGION	
TOURNAMENT			
DATE(S)		REGION	
TOURNAMENT			
DATE(S)		REGION	

Roster additions require an additional insurance fee of \$10 per person

TEAM NAME

		ALL	Juniors Only	Juniors Only	Canadian Participant
Date added	Roster (Last Name, First Name) Includes Players, Coaches and Support Staff	Registration Form	Medical Release	Proof of Age	Proof of Insurance
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				·
	10.				·

2018-2019 Season **2** | P a g e Revised 8/30/2018